## PATENT APPLICATION FEE DETERMINATION RECORD Effective O er 1, 2001

Application or Docket Number

10/031910

| (Column 1) (Column 2)   |   |   |                                       |              |                                     |  |          | SMALL ENTITY TYPE   |                        | OR | OTHER<br>SMALL E    |                        |
|---|---|---|---------------------------------------|--------------|-------------------------------------|--|----------|---------------------|------------------------|----|---------------------|------------------------|
| TOTAL CLAIMS  |   |   |                                       |              |                                     |  | Γ        | RATE                | FEE                    | ī  | RATE                | FEE                    |
| FOR   |   |   | NUMBER FILED                          |              | NUMBER EXTRA                        |  |          | BASIC FEE           | 445                    | OR | BASIC FEE           | 890                    |
| TOTAL CHARGEABLE CLAIMS   |   |   | 17 minus 20=                          |              | •                                   |  |          | X\$ 9=              | ·                      | OR | X\$18=              |                        |
| INDEPENDENT CLAIMS  |   |   | minus 3 =                             |              | •                                   |  |          | X42=                |                        | OR | X84=                |                        |
| MUI   | LTIPLE DEPEND   | ENT CLAIM PF                              | RESENT                                |              |                                     |  |          | +140=               |                        | OR | +280=               |                        |
| • if  | the difference in   | n column 1 is l                           | less than zero, enter "0" in column 2 |              |                                     |  |          | TOTAL               | 4/15                   | OR | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                          |   |   |                                       |              |                                     |  | ,        | SMALLE              | NTITY                  | OR | OTHER<br>SMALL      |                        |
| AMENDMENT *   | # [ed<br>11-8-04  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUN<br>PREVI | HEST<br>ABER<br>OUSLY<br>FOR        | PRESENT<br>EXTRA                             |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | . 17                                      | Minus                                 | 2            | ٥                                   | 5  |          | X\$ 9=              | _                      | OR | X\$18=              |                        |
| AME   | Independent   | • /                                       | Minus .                               | •••          | 3                                   | = (5)  |          | X40=                |                        | OR | X80=                |                        |
|   | FIRST PRESEN  | TATION OF MI                              | ULTIPLE DEP                           | ENDEN        | T CLAIM                             | <u> </u>                                     | <u>ן</u> | +135 <b>=</b>       |                        | OR | +270=               |                        |
|   |   |   |                                       |              |                                     |  |          | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT, FEE |                        |
| •   | (Column 1) (Column 2) (Column 3)  |   |                                       |              |                                     |  |          |                     |                        |    |                     |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | TO A STORY                            | NUI<br>PREV  | HEST<br>MBER<br>TOUSLY.<br>D FOR    | PRESENT<br>EXTRA                             |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI;<br>TIONAL<br>FEE |
|   | Total   | •   | Minus                                 | •• .         |                                     | <b>.</b>                                     |          | X\$ 9=              |                        | OR | X\$18=              |                        |
| AME   | Independent   | NTATION OF M                              | Minus                                 |              | IT OL AILA                          | <u>                                     </u> | -        | X40=                | :                      | OR | X80=                |                        |
| <u> </u>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |              |                                     |  |          | +135=               |                        | OR | +270=               | ,                      |
|   |   |   |                                       |              |                                     |  |          | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |
|   | (Column 1) (Column 2) (Column 3)  |   |                                       |              |                                     |  |          | ,                   | •                      | •_ | ndgin               | n 11<br>m              |
| AMENDME: C  |   | C! IS<br>RE<br>AMENOMENT                  |                                       | MU<br>(i. :  | SHEST<br>IMBER<br>VIOULLI<br>ID FOR | PRESENT<br>EXTRA                             |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | •   | Minus                                 | ••           |                                     | =  |          | X\$ 9=              |                        | OR | X\$18               |                        |
| AME   | Independent   | •   | Minus                                 | •••          |                                     | =  |          | X40=                |                        | OR | Vac                 |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |              |                                     |  |          | <u> </u>            |                        | 1  | 070                 | 1                      |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |                                       |              |                                     |  |          |                     |                        | OF | TOTA                |                        |
| •   | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE OR ADDIT. FEE |   |                                       |              |                                     |  |          |                     |                        |    |                     |                        |